Scholarship Application Form

☐ Fall 20____ (Deadline Aug. 1)  
☐ Spring 20____ (Deadline Dec. 15)

All sections of this form MUST be completed. Applications with missing information will not be considered.

PERSONAL DATA
Name: ____________________________________________  Student ID #: __________________________
Address: __________________________________________________________________________________________

  WI Resident?  ☐ Yes  ☐ No

Home Phone: __________________________  Email: __________________________

Ethnic Background (optional)
☐ Alaskan/American Indian  ☐ Hispanic
☐ Black/African American  ☐ Other Asian/Pacific Islander
☐ Cambodian, Laotian, Vietnamese  ☐ White
administration to the U.S. after 12/31/75

Have you previously received scholarship assistance from HBI?  ☐ Yes  ☐ No

Are you a City Year Nonprofit Scholar?  ☐ Yes  ☐ No

CURRENT STUDIES
I am pursuing the (select one):

☐ MS in Nonprofit Management and Leadership

☐ Graduate Certificate in Nonprofit Management

If not currently admitted, when do you plan to begin your studies? _______________________________________

Are you admitted to, or do you intend to apply to any other degree program at the University of Wisconsin-Milwaukee during the time you will be completing this Graduate Certificate or MS program?  ☐ Yes  ☐ No

If so, please specify which degree program: ___________________________________________________________
FINANCIAL INFORMATION

*Please list the types and amounts of funding you will contribute or receive to pay for coursework during the selected semester ONLY.*

**Employer Support**
Describe your employer’s policy on reimbursement for employee training/educational costs, if any. You may attach a copy of your agency’s tuition assistance/reimbursement policy, if necessary.

- Employer Assistance (*Leave blank if not applicable*): ________________________________
- Employer Name: ________________________________

**Other Training/Educational Assistance**
Will you receive, or do you intend to apply for scholarships or other forms of financial assistance (e.g. GI Bill/Veteran’s Benefits, Americorps funding, federal educational loans, teaching or research assistance, etc.)? □ Yes □ No

If so, please specify the types and amounts of financial assistance you will receive or intend to apply for. You may attach a separate page, if necessary.

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<th>Type of Funding Assistance</th>
<th>Anticipated Amount</th>
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**Personal Financial Resources Available** ________________________________

**Other Financial Resources Available** ________________________________

**Estimated Scholarship Need** ________________________________

Updated 3/14/2018
STUDENT STATEMENT

Write a brief statement (300-500 words) about your educational objectives and career goals. Be sure to include a description of any extenuating circumstances that may contribute to your need for scholarship funding. Feel free to discuss any previous HBI scholarship awards you may have received. A separate page may be attached, if necessary.
STUDENT CERTIFICATION

Please read this section completely and sign below.

In submitting this application, I understand that:

- I MUST be enrolled in **at least one** approved course from the curriculum of my chosen nonprofit-focused program in order to eligible for an HBI scholarship award. If, at any time during the selected semester, I withdraw from that course, I may be required to return my scholarship award in full.
- Various scholarship awards maintain different GPA requirements. However, should my overall GPA fall below 3.0 I no longer remain eligible for HBI scholarship funding.
- If at any time I suspend my studies, I forfeit the remainder of any outstanding scholarship award.
- If my application is not delivered or postmarked on or before the posted deadline, it will not be considered.
- All information provided will be treated confidentially and used **only** for consideration by the HBI Scholarship Committee.
- I certify that all of the information on this application is correct and complete.

______________________________________________________________
Student Signature

______________________________________________________________
Date

Return your completed and signed application in an envelope marked CONFIDENTIAL to one of the following:

Via Post:
Helen Bader Institute for Nonprofit Management
P.O. Box 413
Milwaukee, WI 53201

In Person to HBI Offices:
Helen Bader Institute for Nonprofit Management
UW-Milwaukee Alumni House
Room 381
3230 E Kenwood Blvd.
Milwaukee, WI

Or via email to: hbi-info@uwm.edu

Updated 3/14/2018